

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3671

Registration District No. 925

Primary Registration District No. 5851-B

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rich Fountain, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 46 Years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Catherine Mengwasser

8. (b) If veteran, name war No. 8. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theo Mengwasser 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 16, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 1 Days 7 If less than one day hr. hr. min. min.

9. Birthplace Rich Fountain Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife.

11. Industry or business

12. Name John Raab

13. Birthplace Germany Germany
(City, town, or county) (State or foreign country)

14. Maiden name Bernedene Haller

15. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theo Mengwasser

(b) Address Rich Fountain, Mo.

17. (a) Burial (b) Date thereof 12-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Fountain, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Box 144, Linn, Mo.

19. (a) 12-24-40 (b) Alphonse Fick
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

(c) City or town Rich Fountain,
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd
year 1940 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 20
1940 to Dec 24, 1940

that I last saw her alive on Dec 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General
Peritonitis

Due to Infected Gallbladder

Due to 1278

Other conditions Myocardial
(Include pregnancy within 6 months of death)

Major findings: insufficiency
Of operations no operation

Of autopsy -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? 577
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 577 (Specify type of place)
(e) Means of injury

23. Signature Conrad S. Verheff M. D. 12/25/40
Address Westphalia Mo Date signed 12/25/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.